

APPLICATION FOR AIR AMBULANCE CERTIFICATION

Indiana Department of Homeland Security



OFFICE USE ONLY

Certification Number

Inspected

Certificate issued

Insurance expires

PROVIDER INFORMATION

Name of Provider	Provider Number
Name of Owner, if different from Provider	Telephone Number
Address (Number, Street, City, State, Zip code)	

AIRCRAFT INFORMATION

Year	Make	Serial Number	Tail Number
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INFORMATION ON VEHICLE BEING REPLACED

Certification Number	Serial Number	Tail Number
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ATTACHMENTS

Attach the following:

1. Proof of Insurance
2. Standard Airworthiness Certificate
3. 14 CFR 135 D85, Aircraft Listing

SIGNATURE

Misrepresentation of the following contained herein, failure to comply and maintain compliance with, and / or requirements may be cause for suspension or revocation of a certificate issued by the Indiana EMS Commission. All Statements contained in this application are true to the best of my knowledge.

Signature of person completing application

Title of Applicant

Date signed (month, day, year)